

TOWN OF DAVIE
TOWN COUNCIL AGENDA REPORT

TO: Mayor and Councilmembers

FROM/PHONE: Herb Hyman/797-1016

PREPARED BY: Herb Hyman/797-1016

SUBJECT: Resolution

AFFECTED DISTRICT: All

ITEM REQUEST: Schedule for Council Meeting

TITLE OF AGENDA ITEM: SELECTION OF FIRM - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRM OF ACAI ASSOCIATES, INC. TO DESIGN AND LOCATE BUS SHELTERS AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

REPORT IN BRIEF: The Town solicited competitive sealed proposals to design and locate bus shelters. RFP documents were sent to eighty-three (83) prospective proposers. Additionally, the bid was advertised statewide in Florida Bid Reporting and nationally in BidNet and also posted on the Town's web site. The Town received five (5) responses. The selection committee short listed the top three (3) firms and invited them to make an oral presentation. Upon hearing the oral presentation from the three (3) firms, the selection committee ranked the firms in order of preference. Therefore, the recommendation is for ACAI Associates, Inc. as the top ranked firm in accordance with the ranking totals attached hereto.

PREVIOUS ACTIONS: Not applicable.

CONCURRENCES: The firm of ACAI Associates, Inc. was chosen by the selection committee.

FISCAL IMPACT: Yes

Has request been budgeted? Yes

If yes, expected cost: To be negotiated with the highest ranked firm.

Account Name: Development Services Contractual Services Account

Additional Comments: The negotiated contract will be submitted to the Town Council for approval at a future meeting date.

RECOMMENDATION(S): Motion to approve the resolution.

Attachment(s): Procurement Authorization, Selection Committee Rankings, Incorporation information

RESOLUTION NO. _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA,
SELECTING THE FIRM OF ACAI ASSOCIATES, INC., TO
DESIGN AND LOCATE BUS SHELTERS AND AUTHORIZING
THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO
NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

WHEREAS, the Town solicited proposals to design and locate bus shelters; and

WHEREAS, the selection committee has selected ACAI Associates, Inc. as the
firm best qualified to provide the required services; and

WHEREAS, it is in the Town's best interest to execute a contract for such
services.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN
OF DAVIE, FLORIDA:

SECTION 1. The Town Council of the Town of Davie does hereby accept the
selection of ACAI Associates, Inc. as the firm best qualified to provide the required
engineering services and authorizes the Town Administrator or his designee to negotiate
an agreement for such software and training services and present that contract for
approval at a future meeting date. Should no agreement be reached with the highest
ranking firm, then the Town Administrator or his designee shall negotiate with the next
ranked firm and present that agreement for approval.

SECTION 2. This resolution shall take effect immediately upon its passage and
adoption.

PASSED AND ADOPTED THIS _____ DAY OF _____,
2008

Attest:

MAYOR/COUNCILMEMBER

TOWN CLERK

APPROVED THIS _____ DAY OF _____, 2008

TOWN OF DAVIE PROCUREMENT AUTHORIZATION

ACCOUNT NUMBER.	BUDGET ITEM & DESCRIPTION	APPROXIMATE COST
001-0403-515-0306 <i>COMMUNITY BUS SHELTERS</i>	Community Bus Shelters	\$ 47,000

METHOD OF PROCUREMENT (check the one that applies)

- ☐ Open Competitive Bidding
☐ Piggyback on Contract Number _____
☐ Sole Source or Single Source
☒ Request For Proposals

SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED

Signed *MM* 3.25.08
Department Head

Have Funds been Reserved RES. 37003

Date 4/16/08 Signed *WA*

Signed *Gary Sherman*
Town Administrator

VENDOR	<u>BIDS SUBMITTED</u>	COST
<i>ACAI ASSOCIATES, INC.</i>	<i>RANKED 1ST</i>	
<i>BEISWENGER HOCH AND ASSOCIATES, INC.</i>	<i>RANKED 2ND</i>	
<i>DOBIECKI & SMITH ARCHITECTS, P.A.</i>	<i>RANKED 3RD</i>	
<i>BARRANCO GONZALEZ ARCHITECTS</i>	<i>NOT RANKED</i>	
<i>4M DESIGN GROUP</i>	<i>NOT RANKED</i>	

Signed *Hubb*
Procurement Manager

<u>BID SPECIFICATION COMMITTEE'S RECOMMENDATION</u>	
Vendor	Cost
<i>ACAI ASSOCIATES, INC.</i>	<i>RANKED 1ST</i>

	A	B	C	D
1				
2				
3		DESIGN OF BUS SHELTERS		
4				
5				
6	COMMITTEE MEMBER	BEISWENGER	DOBIECKI	ACAI
7		HOCH	& SMITH	ASSOCIATES
8				
9	WACKERMAN	2	3	1
10	R. MUNIZ	2	3	1
11	M. DIEZ	4	13	7
12	L. NGUYEN M. MUNGAL	1	3	2
13	B. HITCHCOCK	2	3	1
14	D. ABRAMSON	2	3	1
15	H. HYMAN	1	3	2
16				
17	TOTAL	10	18	8
18		2nd	3rd	1st

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) ACA! Associates, Inc.	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
Address (number, street, and apt. or suite no.) 2937 West Cypress Creek Road, Suite 200	
City, state, and ZIP code Fort Lauderdale, Florida 33309	
List account number(s) here (optional)	
Requester's name and address (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								
6	5	0	0	2	0	2	2	3

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person ▶ *Audrey Baldwin* Date ▶ May 12, 2008

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

TOWN OF DAVIE
Vendor/Bidder Disclosure

I, Adolfo J. Cotilla, Jr., being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: ACAI Associates, Inc.
Address: 2937 W. Cypress Creek Rd. Ste. 200
Fort Lauderdale, FL 33309
FEIN 65-0020223
State and date of incorporation Florida, January 22, 1985

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
Adolfo J. Cotilla, Jr.	2937 W. Cypress Creek Rd., Ste. 200 Fort Lauderdale, FL 33309	100 %
		%
		%
		%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address

By: Adolfo Cotilla
Signature of Affiant

Date: May 12, 2008

Adolfo J. Cotilla, Jr.
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 12th day of
May 2008, by Adolfo J. Cotilla, Jr., he/she is
personally known to me or has presented _____ as
identification.



NOTARY PUBLIC-STATE OF FLORIDA
Sandra Smerkers
Commission #DD693145
Expires: AUG. 19, 2011
BONDED THRU ATLANTIC BONDING CO., INC.

Sandra Smerkers
Notary Public, State of Florida at Large

Sandra Smerkers
Print or Stamp of Notary
#DD693145

Serial Number

My Commission Expires : August 19, 2011

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
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Previous on List Next on List Return To List					
Events Name History				<input type="text" value="Entity Name"/>	
Detail by Entity Name					
<u>Florida Profit Corporation</u>					
ACAI ASSOCIATES, INC.					
<u>Filing Information</u>					
Document Number	H39075				
FEI Number	650020223				
Date Filed	01/22/1985				
State	FL				
Status	ACTIVE				
Last Event	NAME CHANGE AMENDMENT				
Event Date Filed	02/17/1986				
Event Effective Date	NONE				
<u>Principal Address</u>					
2937 W. CYPRESS CREEK ROAD 200 FT. LAUDERDALE FL 33309 Changed 01/05/2005					
<u>Mailing Address</u>					
2937 W. CYPRESS CREEK ROAD 200 FT. LAUDERDALE FL 33309 Changed 01/05/2005					
<u>Registered Agent Name & Address</u>					
COTILLA, ADOLFO J JR. 2937 W. CYPRESS CREEK ROAD 200 FT LAUDERDALE FL 33309 US Name Changed: 10/18/1996 Address Changed: 01/05/2005					
<u>Officer/Director Detail</u>					
<u>Name & Address</u>					

Title PSD

COTILLA, ADOLFO J JR
2937 W CYPRESS CREEK RD SUITE 200
FT LAUDERDALE FL 33309

Title VT

COTILLA, MARISELA
2937 W CYPRESS CREEK RD SUITE 200
FT LAUDERDALE FL 33309

Title V

SUAREZ, MARIO A
4869 SW 75 AVE
MIAMI FL 33155

Title V

SIEGLE, JEFFREY L
2937 W CYPRESS CREEK RD STE 200
FT LAUDERDALE FL 33309

Title V

HOHMANN, GEORGE H
2937 W CYPRESS CREEK RD STE 200
FORT LAUDERDALE FL 33309

Title V

RAMUDO, PATRICIA
2937 W CYPRESS CREEK RD STE 200
FT LAUDERDALE FL 33309

Annual Reports**Report Year Filed Date**

2006	03/07/2006
2007	01/25/2007
2008	01/17/2008

Document Images

01/17/2008 -- ANNUAL REPORT	View image in PDF format
01/25/2007 -- ANNUAL REPORT	View image in PDF format
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01/24/1995 -- ANNUAL REPORT	View image in PDF format

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